HYSICIANS statement of

that I last saw h Amalive on Accase (Year) If LESS than and that death occurred on the date stated above, at I have him to much for death fun. I the CAUSE OF DEATH # was as follows: 1 day, hrs. mln.? (Buration) 9 yrs. 6 mos. Contributory .. (Bursfien) (Address) Low Lever Dec State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER ( Que LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) ....mes. ......de. State, .....yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or usual reeldence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKE me 10, 191 \$ ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St.; Balto, Requesting V. S. No. 1.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.10 If death accurred in a hospital or institution, give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Month) (Day) Write the word) I HEREBY CERTIFY, That Lattended deceased from 6 DATE OF BIRTH .... 191 4 to ... 7 AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER LZ

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[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age "Foreman," "Manager," "Dealer," etc., know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenelature of the American Medical Association.) cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... to determine definitely. "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The contributory (secondary or intercur-Examples: Accidental drowning; as "Puerperal septichuemia," Never report mere

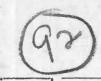


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 5634 Village or City Brightow



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 2/7

---Ward)

[It death occurred la a hospital or Institution, give Its NAME Instead of street and number.]

2 FULL NAME Howard Elmore Askins

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Abale Colored Single, Married, Wilsower, Serigle Orbived (Write the word)	16 DATE OF DEATH    Line
© DATE OF BIRTH  More 13, 1915  (Month) (Day (Year)	
TAGE  It LESS than 1 day,hrs. OR min.?  COCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment to	and that death occurred on the date stated above, at 11- P.m.  The CAUSE OF DEATH* was as follows:  No Shypician we altericlaure.  Ture stigotion fronted to Presumentia.  Addiencia
**BIRTHPLACE (State or country) Moulg. Bo. Md.	Contributory Persumorities Secondary (Boration) yrs mos 3 ds.
11 BIRTHPLACE OF FATHER (State or country) Moulg. Bo. Md.  12 MAIDEN NAME OF MOTHER A.	(Signed) Chas Farquiller, R. Q., M. D.  6-24-, 1915 (Address) Cludy Mod.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or eountry) Morely, Con-Mad.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Leouge Askins	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Brighton, Med.  Filed 6-24-1912-Blas, Fargular.  REGISTRAR	19 place of Burial or REMOVAL  Sharfs Street Benedery 6-24-, 1915  20 UNDERTAKER  Les, R. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Injury, as fracture of skull, and eonsequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatle), "Atrophy," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Scnile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion,"



#### OCCUPATION PHYSICIANS RECORD classified. UNFADING may 80 50 back terms, Instructions plai = EATH 0 D OF Every Item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, WYOWWY (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at, 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) .... PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MATDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death \_\_\_\_\_ yrs. \_\_\_ mos. .... State \_\_\_\_ Where was disease contracted. It not at place of death?. Former or usual residence.

DATE OF BURIAL

PLACE-OF BURGAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a); Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility", ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County L. Registration Dist. No [It death occurred in -----Ward) a hospital or lostitution, give its NAME instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR DR RACE 5 SINGLE. MARRIED. 1912 WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a f day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_ \_ ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (Informant) usual residence. ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: "Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

N. 3.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Village or City Femaleure (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 2/5  St.; Ward)  St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERGED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191,
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH* was as follows:  Company of the Cause o
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  Address  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds  Where was disease contracted, it not at place of death? Former or
Filed (429 1915 4. A luning he AD	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are leeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Lecemotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 51915
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Mostly	Registration Dist. No.
Village or City was Dansonvelle	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Receip 7.	Bully give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
11 6 1884	may 20" 195, to Jus 10", 1915.
(Month) (Day (Year)	that I fast saw h dame, alive on feether 1915
1 day, hrs. or min,?	and that death occurred on the date stated above, at
8 OCCUPATION	acute Endocardites (Neumans)
(a) Trade, profession, or the House	
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos 25 ds.
9 BIRTHPLACE (State or country)	Secondary Chronic valvular heart
monly 6. Med.	de la che Teal requigiteat
10 NAME OF Tilaliman Brown.	(Signed) (Duration) 3 yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH OF In deaths from Vice
12 MAIDEN NAME OF MOTHER OAA MALA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Par Prince (Rustel	If not at place of death?
(Informant) (Stocker)	usuai residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 6.13 1915 loss bourse MAT	20 UNDERTAKER ADDRESS
REGISTRAR *	Weeker Demaker Wal Dois

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection necd not be stated unless important. oma, Sarcoma, ctc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of dcath), 29 ds.; "Exhaustion," For Vio-



should PHYSICIANS SHOT RECORD PERMANENT classified. should THIS properly AG pe UNFADING may that 80 50 terms, hould plain Informati C Id EATH WRITE 0 a Item Every Iter CAUSE O Important 63 ż

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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I sttended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death & yrs. \_\_\_ mos. . State 2 Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 , 191.... 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial hephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULT 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS

PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  Sounty	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Half Struck (No	Registration Dist. No. Z  St.; Ward)  St.; St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fundy Color OR RACE 5 SINGLE, MARRIED, MIDDWED, MIDDWED, MIDDWED, WIDDWED, WIDDWED, WITH the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from
Month (Day (Year)	that I last saw hallve on
7 AGE If LESS than 1 day,	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry,	Clar & solysalive
business, or establishmenf in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER SUMMENT	(Signed) Q Q M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of deathyrs,mosds  Where was disease contracted.
(Informant) (Informant) (Informant)	If not at place of death?
(Address) Colonia Marian (Address) Colonia Marian (Address) Colonia Marian (Address) Marian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS ALMANIA  ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligeause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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V. S. No. 1.

Village or City Bruefslow (No,  2FULL NAME Lydia Aun)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 217  St.; Ward)  Garlar  St.; Ward)  Garlar  St.; Ward of street and combor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewole Colored Single, MARRIED, Thidowed ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from 5-5, 1915, to May 20 th, 1915, that I least saw h 20 alive on Moor 20 th, 1915
(Month) (Day (Year)	that I last saw h 20 alive on 10 og 20 ch 1915
## AGE ## AGE ## If LESS than   1 day,hrs.   OR   OR   OR	and that death occurred on the date stated above, at 1030 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticular kind of work.  (b) General nature of Industry, business, or establishment in which applicated for the profession of the	(Duration) yrs / mos. 7 ds.
**BIRTHPLACE (State or country) Months. Bo. Med	Gentributory Paralysis Secondary
10 NAME OF Harver H. Book	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL SHOWLY OF PROPERTY OF THE PROPERTY
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME Unbewowe  (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Daniel Budd	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Fruitslow, Mod.  16  Filed 6-3-,1915-Bhos. Fargular  REGISTRAR	Sharfo Street Benefory June 4 th, 1912  20 UNDERTAKER  Seo. P. Snowden Brookeville, R. F. D.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cte, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronehopncumonia (secondary), 10 ds. ample: oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



A	X
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	Every item of information should be carefully supplied. AGE should be stated EX/CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st important. See instructions on back of certificate.
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	Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be pi important. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE 'OF DEATH Registration Dist. No. Ilf death occurred in St ......Ward) a hospital or Institution. give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED. (Month) (Day ORDIVERCED (Write the Word I HEREBY CERTIFY, That I attended deceased from may DATE OF BIRTH 1865 that I last saw h \_\_\_ alive on \_\_\_ (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at. f day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) AREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER ELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For vio-



N. B.

Village or City Buylon (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 217  [it death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Imgle WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
2 28 , 1.8.5 4 (Month) (Day (Year)	that I last saw his allyson 6 20 1915.
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 ac m.  The CAUSE OF DEATH* was as follows:  Bests diliting frant:
(a) Trado, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Ouration) yrs mos / ds.
10 NAME OF THE THE MENT REPORTS	(Signed) (Ouration) yrs mos ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  The state of the stat	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place in the of deathyrs,mosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) 7-2. Buron -	Where was diseaso contracted, If not at place of death?
(Address) Bughlan Inf  16  Filed Luces 25 - 1915 Bhas, Farguelian.  REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  Thoodside Cemelery, 6 /2 4 , 1915  20 UNDERTAKER  ADDRESS  Dockenile

If more by his are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaesepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," ctc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

Z.

	PLACE OF DEATH	STATE OF MARYLAND
Coun	y monty. 9633	CERTIFICATE OF DEATH
Oouti	mar a 1 M	Registration Dist. No. 2/3
Villag	e or City (No. (No. )	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and aumber.]
٧.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIDOWED	16 DATE OF DEATH  (Month)  (Day)  (Year)
	TE OF BIRTH  I MAN 2 19/1-	HEREBY CERTIFY, That I attended deceased fro
7 AGI	(Month) (Day) (Year)	that I last saw halive on alive on and that death occurred on the date stated above, at
	yrs. mos. ds. OR mhn.?	The CAUSE OF DEATH * was as follows:
(a)	CUPATION Trade, profession, or	
par	licular kind of work	
(b)	General nature of industryiness, or establishment in	
(b) bus whi	General nature of industry	Contributory
9 BI	General nature of industry iness, or establishment in ch employed (or employer)	Contributory Secondary  (Duration) yrs. mos.
STN S bus white	General nature of industry iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 June 13 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Duratton) yrs mos.  (Signed) Annual Annu
9 BI	General nature of industry iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Sig
PARENTS end (q)	General nature of industry iness, or establishment in the employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL.  (B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTOR RECENT RESIDENTS)  At place the presidents of the president of the pre
PARENTS BI	General nature of industry iness, or establishment in ch employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF STATES  14 MIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 MOTHER  18 BIRTHPLACE	Contributory Secondary  (Buratton)  (Signed)  (Signed)  *State the DISPASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place  of death  yrs.  mos.  state,  yrs.  mos.
PARENTS BI	General nature of industry iness, or establishment in ch employed (or employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place the presidents of death yrs.  Where was disease contracted, if not all place of death?  Former or

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 15 Communications of the state of the state

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(Approved by U. S. Census and American Public Health Association.)

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from engineer, Civil "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," anqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Pubreperal septichaemia," "Pubreperal peritonitis," etc. State cause for which Struck by railway train-accident; Revolver wound- of etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumoniu (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic rubular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion,"

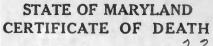
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULB 1915
BURTLAUTA

V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS DEATH in plain terms, so that it missee instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH 5034



Registration Dist. No. 220

.....Ward)

fit death occurred in a hospitaj or institutioo, give its NAME lostead of street and number. ]

2FULL NAME Daniel. W. Coll	Mul
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male. 4 COLOR OR RACE MARRIED, Maybur & ORDIVORCED (Write the word)	16 DATE OF DEATH   12 - ,1915 (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h alive on 2 8 1915.
TAGE  About 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 60 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Mark Calflies  (b) General nature of Industry.	Circhael Heuronhage
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
10 NAME OF FATHER DEMENDENCE (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  15 MOTHER OF MOTHER OF MOTHER (State or country)  16 MOTHER OF MOTHER (State or country)	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents)  At place in the of death yrs, mos. ds
(Informant) AMA Catal. Energy.  (Address) Selences:  (Address) M. Heiler ( REGISTRAR	Where was disease contracted, if not at place of death?  Former or usual residence.  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  Manuary Address  Strar, 6 E. Frankill St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The q'iestion tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Cancause of death approved by Committee on Nomenclasensis, telanus) may be stated under the head mia," "Puerperal peritonilis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" ls less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildblrth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL seplichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUELSAU, V.S.

V. S. No. 1.

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pinous PHYSICIANS shoul RECORD statement PERMANENT EXACTLY. Exact stated classified. pe should may be properly AGE INK supplied. UNFADING certificate. carefully that it 20 90 WITH ATH in plain terms, instructions on back should PLAINLY. Information DEATH WRITE See 10 CAUSE OF Important.

state Very 10

3 SEX

7 AGE

ARENTS

15

DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(Address

OF FATHER (State or country

(State or country)

(b) General nature of industry,

business, or establishment In

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE. MARRIED,

WIDOWED. ORDIVORCED

(Day

KNOWLEDGE

REGISTRAR

(Year)

If LESS than

1 day - hrs. OR Mamin. ?

4 COLOR OR RACE

which employed (or employer) .....



born / ry	st; Ward)	a hospital give its	th occurred or instituted the transfer of the
MEDICA	L CERTIFICATE OF	DEATH	
8 DATE OF DEATH	(Month)	(Day	, 19.
7 I KERE	SY CERTIFY, That I	attended de	ceased !
*******************************	. 191, to		, 191
nat I last saw hnd that death occurred the CAUSE OF DEATH	alive on	above, at	, 191
nat I last saw hnd that death occurred the CAUSE OF DEATH	alive on	above, at	, 191
nat I last saw hnd that death occurred the CAUSE OF DEATH	alive on	above, at	, 191
nat I last saw hnd that death occurred the CAUSE OF DEATH	d on the date stated it was as follows:	above, at	, 191
nat I last saw hnd that death occurred the CAUSE OF DEATH	d on the date stated it was as follows:  Manuel  (Ouration)	above, at	, 191 mgs.
nat I last saw hnd that death occurred he CAUSE OF DEATH	d on the date stated it was as follows:	above, at	, 191 mgs.

OR RECENT RESIDENTS)				, INAMBIEM	1 8
At place of death yrs, mos, Where was disease contracted,	ds.	tn the State	yrs	mos.	ds

If not at place of death?.

Former or usual residence

OR REMOVAL DATE OF BURIAL

NDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," Thysician, Compositor, Architect, Locomotive engineer, duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on aecount of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, (b) If the occupation has "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mcrely symptomatie), "Atrophy," Bronchopneumonia (seeondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canscpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State eause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



No. vi

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#### PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY. stated classified. 4 be should THIS properly AGE UNFADING INK supplied. pe may carefully 80 WITH terms, should PLAINLY, DEATH in plain See instructions piain WRITE CAUSE OF important. S

state . very

1 PLACE OF DEATH 3000 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS tha 1 day,....hrs ds. OR ..... min. ? mos 8 OCCUPATION (a) Trade, protession, or (b) General nature of industry, business, or establishment in which employed (or employer) ...... that it ma 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ö back OF FATHER (State or country) PARENT 00 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country (Address) 15 REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day) (Year)	that I last saw her allve on June 23, 1915.		
# 1 day,hrs. ON ds. ORmin. ?	and that death occurred on the date stated above, at 42 m.  The CAUSE OF DEATH* was as follows:  Altaches of lugura fections		
ission, or of work  ure of industry, stablishment in (or employer)	ah vanow wellwale ash estain fatal (Ouration) 3 yrs - mos - ds.		
Suntry) Guinspille Pr. Non. les, Ve,	Contributory Ford Cerry (Secondary)  (Ouration) 2 pyrs — mos ds.  (Signed) 5/960 mg/h		
HPLACE  HPLACE  TATHER  e or country)  Frunce, MM, Co, Va  EN NAME  MOTHER  Luvis,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
HPLACE OTHER OF COURTY) Mr. Mr. les. Va.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death		
Mrs. Francis Gording  Soluting to March 1988	Where was disease contracted, if not all place of death?  Former or usual residence.  19 PAGE OF BURIAL OR REMOVAL QATE OF BURIAL		
425, 1915 W. L. Jeurs REGISTRAR	Jamentle Va June 26, 1915.  20 UNDERTAKER Jamphyoon Westville		
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groceru: (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia;); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Pureperal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Traemla," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Collapse." "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can State cause for Examples:



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT

should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

UNFADING INK-THIS IS

WITH

PLAINLY,

WRITE V. S. No. 1.

Every Item CAUSE OF important.

Z B

County Ining	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 217
Village or City ashtm. (No	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h & alive on 5 / 3 0
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 40 . m.
62 yrs // mos # ds. OR min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	philips Careinrona Jym
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs. mos ds.
9 BIRTHPLACE (State or country) Unlewoww	Secondary
10 NAME OF PATHER Cafe Ment Small	(Signed)   10 Bis ds. M. D. , 191 (Address) Sand Spe
OF FATHER  (State of country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Selection	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
(Infermant)	If not at place of death?————————————————————————————————————
(Address) Highland, Hound Co Jack	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Filed June 5 , 191 & Chas Farguelo

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. statement. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite): Tuberculcsis of lungs, meninges, perilonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ete., when a definite disease can be ascertained as the ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of For vio-



#### S. No.

#### RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very feertificate. AGE ' DEATH in plain terms, so See instructions on back of of information should be CAUSE OF Important. -Every N.B.

#### PLACE OF DEATH STATE OF MARYLAND 9638 CERTIFICATE OF DEATH County & Village o

Village	or City Tham (No	St.; Ward)  [It death occurred in a hospital or institutioe, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fema G DATE	of Birth  (Month)  4 COLOR GR RACE  5 SINGLE,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)  (Write the Word)  (Year)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from 22, 1915, to 42, 1915, to 42, 1915, that I last saw here alive on Jame 26, 1915
7 AGE	11 LESS than t day,hrs. ORmin,?	snd that death occurred on the date stated above, at // 2 m, The CAUSE OF DEATH* was as follows:
particular (b) Gene business, which em	e, profession, or r kind of work	Contributory Cecite In Doctor Williams Secondary
S 11	BIRTHPLACE OF FATHER (State or country) MAIDEN NAME S	(Signed) (Address) M. 0.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)  At place le the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
15	Mau 27,1915 Wat Lewin	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MME 30, 1915  20 UNDERTAKER  ADDRESS

REGISTRAR

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," The nature of the "Exhaustion," Never report For vio-



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pinous PHYSICIANS shou RECORD PERMANENT EXACTLY Exact classified. pe 0 properly supplied. may certificate. that 9 0 back terms. LO O plain Instructions information = EATH of i Item OF Every Item CAUSE OF Important.

PARENT

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Filed.

state

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. ORDIVDRCED (Write the word) DATE OF BIRTH (Month) (Day (Year) If LESS than

(Month) (Day (Year) attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows: Contributory Secondary (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_\_\_ yrs. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_ Where was disease contracted, If not at place of death?. Former or usual residence DATE OF BURIAL ADDRESS

[If death occurred la

a hospital or institution. give its NAME instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, For persons The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



.700	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		STATE OF M.	AKILAND
- Cour	nty maila.	60	CERTIFICATE	OF DEATH
		Cir	Registration I	Dist. No. 5. 12
Villa	age or City Postesselle (No.		St.; Ward)	[if death occu a hospital or inst give its NAME
1	2 FULL NAME / Clies	12	t	of street and nur
5 08	PERSONAL AND STATISTICAL PARTICULARS	М	EDICAL CERTIFICATE	OF DEATH
3 SE	eccal deck Single, MARRIED, MARRIED, WIDOWED OR OLVORCED (Write the word)	16 DATE OF DEA	(Month	
6 D/	ATE OF BIRTH (Month) (Day), 18 42 (Year)	June	, - 1/ - 0	
7 AC	GE TO SEE THAT	and that death	occurred on the date	stated above, at
a	biset 73 yrs mos ds 1 day, hrs.	The CAUSE OF	F DEATH & was as foll	ows:
			: "	
(i pa (i	a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in		(Duralign)	yrs
pa (1 bu	a) Trade, profession, or articular kind of work  b) General nature of Industry	Contributor Secondary	ry mileuf	Jusuffi .
a B B	a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  LULKELLIMIA	Contributor Secondary	ry Millsef	5 yrs. mos
RENTS B	a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF	(Signed)	ry mileuf	5 yrs. mos
a B (I pu	a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 State or country)	(Signed)	Duralion)  191. (Address) Death,  (DISEASE CAUSING DEATH,  (1) MEANS OF INJURY; and  (OMICIDAL.  ESIDENCE (FOR HOSPITAL  SIDENTS)  In t	or, in deaths from Viol di (2) whether Acciden
PARENTS 86	a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer)  INTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)	Duration)  (191.) (Address)  (Disease Causing Death, (1) Means of Injury; and conficients)  ESIOENCE (FOR HOSPITAL SIDENTS)  In table 1 and 1 an	or, in deaths from Vior di (2) whether Accidents, Institutions, Transhe
PARENTS 86	a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer)  INTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MOTHER (State or country)  16 MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)	(Signed)	Distance Causing Death, (1) Means of Injury; and (Microbal Sidents) In the south of	or, in deaths from Vior di (2) whether Accidents, Institutions, Transhe

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question applies to each and every person, irrespective of age -Coal mine, etc. Statement of Occupation-Precise statement of oeeupamany occupations a single word or term on the very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: 'Accidental drowning: head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia, The contributory (secondary or intercur-"Uracmia," "Weakness," Never report mere



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

AGE

supplied.

DEATH in plain terms, so See instructions on back of

CAUSE OF mportant.

N.B.

RECORD

A PERMANENT stated EXACTLY.

1	PL	A(	CE	OF	D	EA	TH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/2

No		St.; Ward)
. 1.		
Vost.	1	

[If death occurred in a hospital or institution.

	2 FULL NAME Edward Stiest	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Sale of fute (Write the word)	16 DATE OF DEATH  Month  Day  (Year)  17  I hereby Certify. That I attended deceased from
	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h alive on from 5 , 1915.
7 A C	if LESS than   1 day,hrs.   OR   min. ?	and that death occurred on the date stated above, at 8 m.  The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, protession, or flicular kind of work.	sente Delation of that
bus whi	General nature of industry, iness, or establishment in ch employed (or employer)	Contributory Chrome Intraferral
	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	Secondary  Tephtelis & Pus (Duration)  (Signed)  Survey  (Address)  (Address)  (Address)
PARENTS	(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the
OF MOTHER (State or country)  14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		of deathyrsmosds. Stateyrsmosds  Where was disease contracted, If not at place of death? Former or usual residence
15	ed fune (, 1915 Ewwhite	PLACE OF BURIAL OR REMOVAL  PROBLEMENT  20 UNDERTAKER  ADDRESS  OF THE PROBLEMENT  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pnoumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (seeondary or intercurrent) Always qualify all diseases resulting from "Seniie," etc.), Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

1 PLACE OF DEATH

	PLACE OF DEATH	STATE	OF MARYLAND
Count	Montgomery	CERTIFIC	CATE OF DEATH
Count		(MV) Regis	stration Dist. No. 2-21
Villan	e or City Low is dale (No.		Ward) [if death occurred in
vinagi	2 FULL NAME Mary & Mu	ellinix	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
3 SEX	Morte Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DAT	E DF BIRTH 6 3 1837	Jun 2/ ,1915.	//0
7	(Month) (Day) (Year)	that I last saw ham alive o	(1)
7 AGE	If LESS than 1 day, hrs.	and that death occurred on the	he date stated above, at
	yrs, mos, 20 ds, OR min.?	The CAUSE OF DEATH # was	s as follows:
8 DCC (a) parti	Trade, profession, or Retired Midow	Seplie Bro	retule Tongestion
(b)	General nature of industry	Jan g	······································
Whic	ness, or establishment in th employed (or employer)	2	(Buration)yramos. 6 ds
9 BIR	State or country) Maryland	Contributory Secondary	(Ouration) 25 yrs. mos. ds
	10 NAME DF Luke Davis	(Signed) R. G. Fro	, M. 0
5	11 BIRTHPLACE OF FATHER: WAS ALL	Address (Address)	
ARENTS	(State or country)	CAUSES, state (1) MEANS OF IN SUICIDAL OF HOMICIDAL.	DEATH, T. in deaths from VIOLENT JURY; and (2) whether Accidental,
0	Cordolia Barve	OR RECENT RESIDENCE (FOR	HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE DF MOTHER (State or country) Warie Pand	Al place of deathyrsmosds.	In the Stale,yrsmos ds
14.TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseesa contracted, if not at place of death?	
(1	informant) Rachel Ida Sulliva	Former or	
	(Address) 1303 W Gilmores	BALACE OF BURIAL OR REMOV	DATE OF BURIAL
15	The state of the s	20 UNDERTAKER	ADDRESS
Filed	I REGISTRAR	BUSTSom	m. Och Will
	MEGISTRAN	1 de la	and the way

[Approved by U. S. Census and American Public Health Association.]

write None. or given up on account of the disease causing death, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (0) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory freman, etc. But in many cases, first line will be sufficient, e. g., Former or Plonler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, Civil For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); I Obar pneumonia, Bronchopneumonia ("Pneumonia," meningitis"); Diphtheria (synonym is indefinite); Tuberculosis of lungs, meninginal meningitis); Tuberculosis of lungs, meninginal meningitis indefinite); Tuberculosis of lungs, meninginal meningitis indefinite); Tuberculosis of lungs, meninginal meningitis indefinite); Tuberculosis of lungs, meninginal me

genital," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," birth or miscarriage cause. lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valuator heart disease; Chronic interstitial ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... "Anaemia" (merely symptomatic), "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Debility" ("Conas "Puerperal schichaemia," "Dropey," carbolic ocid-probably "Atrophy," "Col-"Exhaustion," ACCIDENTAL,



S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS CAUSE OF important. N. B.

1 PLACE OF DEATH County Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/6

St.;----Ward)

Ilf death occurred ia a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OBRACE SINGLE, MARRIED, WIDOWED, WIDOWED, Write tho word)	16 DATE OF DEATH (Month) (Day (Year)
Month) (Day (Year)	that I last saw he alive on 6-15-151
fhous mos ds. OR min.?	and that death occurred on the date stated above, at
a) Trade, protession, or articular kind of work	
isiness, or establishment in hich employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Shapl Coloring  11 BIRTHPLACE OF FATHER	(Signed) (Address) Profile La March 1991 (Address)
12 MAIDEN NAME Som May Stephen	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of deathyrs,mosds. Stateyrs,most  Where was disease contracted,
(Informant) Nant Osborns	If not at place of death?  Former or  usual residence.
(Address) ———————————————————————————————————	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, It is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapsc," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent)



No. υż

		· / WIDO	SLE,	owed 16	DATE OF DEATH
	TE OF BIRTH	1 (11)		-	
-		June	10	1850	narch /
7 AG	6 4 yr	(Month)	\$ 1	LESS than	that death occur
part (b) busin which	rade, profession, or cular kind of work	2. 1			Contributory Secondary
X OF COLUMN	10 NAME OF FATHER	Marylan olin Is	Beauce	(Sig	ned) 777,
PARENT		marye	Lund	2de) 18	*State the DISEA AUSES, state (1) AL, SUICIDAL, OF I LENGTH OF RESIDER
9	of MOTHER (State or country)  IE ABOVE IS TRUE TO	Mary THE BEST OF M	Laud AY KNOWLED	GE If n	place jeath yrs ere was disease contra tot at place of death? mer or al residence

1 PLACE OF DEATH

### STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilf death occurred in a hospital or loslitution, give its NAME Instead of street and number. 1

CAL CERTIFICATE OF DEATH (Month) (Day (Year) SE CAUSING DEATH, or, In deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDEN-DENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS In the State ..... yrs. \_

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tlou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits cau be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cake brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronckopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie scpsis, tetanus) may be stated under the head of mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds., valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory," Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conaffectiou ueed not be stated unless important. lnjury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State eause for Never repor

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTAU, V.S.

	1 PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Manelyoning W	CERTIFICATE OF DEATH Registration Dist. No. 2/
Vi	ellage or City Kockrille rid (No. ).	St.; Ward)  [If death or a hospital or in give its NAM of street and in
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX; 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day)
6	BATE OF BIRTH Lee. 30 1868	HEREBY CERTIFY, That attended deceas
7,	(Month) (Day) (Year)  AGE   if LESS than   1 day, hrs.	and that death occurred on the date stated above, at
8	OCCUPATION (a) Trade, protession, or Hause Keld duta.	The GAUSE OF DEATH was as follows:
9	(b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary (Buralion) yra 6 mos
	10 NAME OF Pickeling Murrina	(Signed) . M., Sur Che cure
1	OF FATHER? (State or country) Vermany	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSER, state (I) MRANS OF INJURY; and (2) whether ACCID SUICINAL OF HOMICIDAL.
0	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR OR RECENT RESIDENTS)  At place in the of deathyra,moa,da, Stete,yra,mo
14	(Informant) From Rest of MY KNOWLEDGE	Where wes disease contracted, If not et place of death?
	(Address) Rrestocece mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURI
15	Filed	20 UNDERTAKER  ADDRESS  Rachrele  Rachrele

[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uramia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Struck by railwoy truin—accident; Revolver wound of "PUERPERAL peritonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopueumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitud ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercurcarbolic acid-probably "Atrophy," ("Con-

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RECEIVED
JUL6 1915

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

County Mankyo Village or City Washer	mery	work Sen Rickells	STATE OF MAR CERTIFICATE OF Registration Dist	DEATH
PERSONAL AND	STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
FAGE  GOCCUPATION (a) Trade, profession, or particular kind of work (b) Deneral nature of industry, business, or establishment in which employed (or employer)	OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  (Month) (Day (Year)  If LESS that I day, Iris or Market Common Co	that I last saw and that death The CAUSE OF	(Month)  I HEREBY CERTIFY, That I	25 <sup>4</sup> 191 <sup>5</sup>
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	rashe. oc.  sorge Réchells  DC.  Salome le cels  Mul	18 LENGTH OF OR RECENT R	(Duration)  (Address)  DISEASE CAUSING DEATH, or, or HOMICIDAL.  RESIDENCE (FOR HOSPITALS.)	
(Informant) News Log (Address) Washing 16 Filed 6/3 1915	THE BEST OF MY KNOWLEDGE  Hadhary,  infor Jour Mel  John L. Lewis  REGISTRAN  e blanks are needed, address State Reg	Where was disease If not at place of difference or usual residence 19 PLACE OF B	contracted, Washington of C St new.  BURIAL OR REMOVAL  LER CHERRY For	DATE OF BURIAL  APPRESS  OCHURICA  No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional live is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 6 1915 BUREAU.V.S.

### MARGIN

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF Important. S 2

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ...

.Ward)

[If death occurred la a hospital or lostitution,

	2 FULL NAME May Hulls	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX	A COLOR OR RAGE  That  Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH 6 23 , 1914 (Month) (Day (Year)
6 DATE OF	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  (0 / 2 3 / 191.5.,  that I last saw h & alivs on (0 / 2 2 / 191.5.)
7 AGE	If LESS than 1 day, hrs.   OR min. ?	and that death occurred on the dats stated above, at 6.3 69m.  The CAUSE OF DEATH* was as follows:
particular k (b) General business, or	rotession, or ind of work	gran francisco de la francisco de la contrace de la
9 BIRTHPE (State	ACE or country) Many Cared	Contributory A A CO (Doration) yrs mos ds.
FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BH	RTHPLACE MOTHER State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,
(Informan	B b.	it not at place of dealh?  Former or usual residence.
15	- 24 - 18/5 Bhos, Fargulian REGISTRAR	Chrey md. Lefts, 1915  20 UNDERTAKER  D. M. Cashell  Broker

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesses of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting Meastes (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD

Village or City May May (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/7  St.; Ward)  [If death occurred in a hospilal or institution, give its NAME instead
2 FULL NAME Infant (%)	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSINGLE, MARRIED, WIODWEO OR GIVORCEO (Write the word)	16 OATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That i attended deceased from
(Month) (Day) + (Year)  7 AGE  (Month) (Day) + (Year)  1 day, hrs.  OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	that I last saw h alive on 191 , and that death occurred on the date stated above, at m.  The CAUSE OF DEATH * was as fellows:  (Durstion) 775 mos. ds.  Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 NAME OF FATHER (State or country)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICINAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Alplace in ths of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Sandy Horing, Mod.  15  Filed July 13 Lt., 1915 Bhos, Fargulary REGISTRAR  If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL  AMALLANA  20 UNOERTAKER  AGORESS  AMALLANA  A

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully engaged in domestic service for wages, as Scrvant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foremun," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomoliuc engineer, Civil engineer, Stationory fireman, etc. But in many eases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from engineer, Civil (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobur pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by roilway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "Publiperal septichaemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic nutvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which Never "Exhaustion," report mere



.-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 219
Kegistration	DIST.	NO.

St :--Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PAR	RTICULARS	
FULL NAME	*/*	3 MVED
		1
Village or Citylor Polymud	(No	
		12
County   VVVVVV	2030	0 1

PLACE OF DEATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	**COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I strended deceased from
	(Month) (Day (Year)	that I last saw h. La alive on
TAG	It LESS than 1 day,hrs.  OR min.?	and that death occurred on the data stated above, atm, The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or ticular kind of work 200000	Mine William
busi	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) Wysking of ds.
981	RTHPLACE (State or country) Walk (State or country)	Secondary William yrs 2 mos ds.
10	10 NAME OF FATHER WWW.	(Signed) Nraw J
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER OF ALLA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
	(Informant)	It not at place of death?
16	(Address) 907 - Valle Mr. Wo got C.	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	plume 17, 1915 - Mrs. W. T. Gralt BEGISTRAR	20 UNDERTAKER BODRESS WELL WILLEN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the oeeupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Haart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



### MARGIN

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. m ż

RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE

1 PLACE OF DEATH

mont Joma



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/3

Village or City's Thinky Hill (No)	St.; Ward)  Stevens  Stevens  Stevens  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)
Month) (Day (Year)  7 AGE If LESS than	that I last saw h 1221 alive on 1100 115 m, and that death occurred on the dats stated above, at 7 5 m.
SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:    Jame heart disease
9 BIRTHPLACE (State or country)  706  10 NAME OF	Contributory Secondary  (Doration) yrs mos ds.
Tather  The State of Country of Tather (State of Country)  The Manual of Tather of Country of Tather of Country of Tather of Country of Tather of	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Whe M flowers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds
(Informant) Andrews Haring Hall	Where was disease contracted, If not at place of death?  Former or usual residence
18	Darnestown Show 6, 1915
Filed	20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, If impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

PLACE OF DEATH SOUTH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/2
Village or City Mar Amebary (No.	St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. male Black   5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH June 22, 1915 (Month) (Day) (Year)
AGE  Separation of Birth  Juine 22, 19/5 (Month) (Day) (Year)  If LESS then t day, hrs.  OR min.?	that I last saw h alive on the date stated above, at
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Quration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER SIMONE THOMPSON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Buration) yrs. mos. de.  (Signed) (Address) , M. 0.  August 22, 1815 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Strotha Full  13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At piace to the feath yre. mes. ds. Stats, yrs. mes. ds. Where was disease centracted,
(Informant) Butha Hull  (Address) Dickerson Md	from at place of desth?  former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Filed June 22, 1915 Ew While	Motfinsburg June 24, 1915  20 UNDERTAKER  LUS DUNG  Roolevell

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Cealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomolive engineer, But in many cases, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nonichelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," ctc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. The contributory (secondary or intercur-State cause for which Never report mere wound of



V. S. No. 1.

100 ż 1 PLACE OF DEATH

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ty montgomen 9651	CERTIFICATE OF DEATH
		Registration Dist. No. 210
Villag	ge or City Colchison (No.	St.; Ward)  [if death eccurred in a hospital or institution, give its NAME Instead of street and number.]
	2 FULL NAME JULY TOWN	estud:
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIEO, MONICO	16 DATE OF OEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	The state of the s	, 191 5, to June 1, 191 5,
	(Month) (Day) (Year)	that I last saw him alive on
7 AG		and that death occurred on the date stated above, at & Depm.
	7 4 yrs. 4 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 00		- Inteligrand IT Ishard IT Land Grand
(a	Trade, profession, or farmer ticular kind of work	*
	General nature of lodustry	
bus bus	iness, or establishment in ch employed (or employer)	(Ouration) yrs mes. 6 ds.
	RTHPLACE (State or country) Howard Co Sund	Contributory
	10 NAME OF James Wan Foursand	(Signed) (Signed) yrs mee de, M. G.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Many Land	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and; (2) whether ACCIDENTAL,
PAR	12 MAIDEN NAME Jeaustle Comill:	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  2201 Known	OR RECENT RESIDENTS) At place In the ef deeth
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
1, 1	(informant) Junias Grace Townsund	Former or usual residence
15	(Address) Garthensburg R7D#5	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  MA Cornel Cerulary James 10., 1915
	1 Account of the post REGISTRAR	20 UNDERTAKER 4 10 Coshell modernillion

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully --Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, without more (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-prabably SUICINAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by to determine definitely. "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrins, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenperal septicharmia," "Senile," etc.), "Dropsy," railway train-accident; Revolver wound of The contributory (secondary or intereur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN No.

ò

1 PLACE OF DEATH

Co	ounty Montgomery 3006	CERTIFICATE OF DEATH
V	ilitage or City Edwards Person.	Registration Dist. No.  St; Ward)  St; Ward)  St; NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Hule Single, Willer Without Single (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 D	MOV 23 , 1884 (Month) (Day) (Year)	that I last saw h alive on a Afrad 191
7 A C	## If LESS than 1 day, hrs. OR mos. 2/ ds. OR min.?	and that death occurred on the date stated above, at
(a) par (b) busi whi	Trade, profession, or titular kind of work.  General nature of industry, iness, or establishment in chemployed (or employer)	(Duration) 7 yrs. mos. ds.
	10 NAME OF FATHER John & Waller  11 BIRTHPLACE	(Secondary)  (Ourzhon) yrs. mos. ds.  (Signed) EW, While M. D.  June 15, 1912 (Address) EW While Powles
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 7	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence
15 FII	ed June 19, 191 b Ewwhile REGISTRAR	20 UNDERTAKER  ADDRESS  Pollow & Heall, Poolesville
	It more blanks are needed, address State Regis trar, 6	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industy; and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has minc, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL scptichac etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Dehility" ("Con-"Dropsy," "Exhaustion," death), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTAGAS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN very item of information should be carefully supplied. ACE should be stated EXACTL AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem properly classified.	ONIO	ERMANEN	ted EXACTL
WRITE PLAINLY, WITH UNFADING INK—THIS I USE OF DEATH In plain terms, so that it may be properly class poortant. See Institutions on back of cartificate.	Z O	SAP	d be sta
WRITE PLAINLY, WITH UNFADING INK- ery item of information should be carefully supplied. Act NUSE OF DEATH in plain terms, so that it may be prop loors of perfections on hark of cartificate.	F 0 E	THIS	E shoulderly class
WRITE PLAINLY, WITH UNFADING ory item of information should be carefully supplicate by the plain terms, so that it may not see instructions on hark of certificate.	VED	INK-	led. AG be prop
WRITE PLAINLY, WITH UNI FORTY Item of information should be carefully to be DEATH in plain terms, so that Dordant See intrinsions on back of certifications of the certifica	0 H	PADING	iffy suppliff may
WRITE PLAINLY, WIT  VEY Item of information should it  VES OF DEATH in plain terms,	Z	H UNI	so that
WRITE PLAINL WRITE PLAINL Fory item of information TUSE OF DEATH in piai	ARG	Y, WIT	should in terms.
WRITE I	Σ	PLAINL	rmation I in piali
1. W ery Item NUSE OF		RITE	of info
	i.	*	Very Item

Village or City Sandy Spring (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/7  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead
²FULL NAME	Washington ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color of Race 5 Single, MARRIED, WIDOWED, Luigle ORDIVORCED (Write the word)	18 DATE OF DEATH  June 17 - , 1912  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Jelue 17, 1915 (Month) (Day (Year)	that I last saw h slive on 191 and that death occurred on the date stated above, at 4/5 Am
**SOCCUPATION (a) Trade, profession, or particular kind of wgrk. (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Birth was premature, and  child died before it arrived. Approved  5 or 6 moults in alexo.  (Duration) yrs mos di
10 NAME OF FATHER Thomas Washington  11 BIRTHPLACE	(Signed) Chas. Frangular The Q, M. C. (Address) Phue, M. C. (Address) Phue, M. C.
11 BIRTHPLACE OF FATHER (State or country) Manuformery, Go. Mod.  12 MAIDEN NAME OF MOTHER GUILLAGE BACON  13 BIRTHPLACE OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLEN' CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the
OF MOTHER (State or country) Brightons, Mod.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Lucinda Bacove  (Address) Sandy Spring, Mod.	of death yrs. mos. ds. State yrs. mos. di Where was disease contracted, If not at place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Color 19 1912.
Filed 6-17-, 1915 Chas. Farquelar	Homes M. C. P. A. P. L. A.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD -Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

LALACE OF DEATH 9654 Registration Dist, No

STATE OF MARYLAND CERTIFICATE OF DEATH

> St.; -Ward)

[If death occurred is a hospital or institution, give its NAME instead of street and nomber.]

FULL NAME NOW 01 2W	thy Tuttures
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h alive on the color of the
7 AGE if LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at \\.00 \hbar m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Duly Courtien X yrs. X mos. 2 ds.
9 BIRTHPLACE (State or country) Would C. 10 NAME OF C	Contributory Secondary (Boration) X yrs X mos X ds.
FATHER WWW Williams  11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAM	(Signed) 1 1915 (Address) Call Regards, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deathyrs,mosds  Where was disease contracted,
(Informant) Swedy Nelsons (Address) (Address)	If not at piace of death?  Former or  usual residence  19 PLACE OF BURIALOR REMOVAL  DATE OF BURIAL
Filed fune 2, 191 1. Mrs. W. T. Pralt Lepuly fixed REGISTRAR  If more blanks are needed, address State Regist	20 UNDERTAKER  PRULLING  PARTIE  Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement Never return "Laborer," "Foreman," been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacctc., when a defluite discase can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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PHYSICIANS should state of OCCUPATION is very

RECORD

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2-2 fit death occurred in St :----Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE LLILL MARRIED. WIDOWED, (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw ham allve on the (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day .....hrs. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory 1 Merca 9 BIRTHPLACE (Secondary) (State or country) (Duration) .....yrs... 10 NAME OF FATHER S . 191.5. (Address) -11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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